BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD				
PAIPNI APPINIAINN FEE DEIPROMAAINN SELVIKI	DATERIT	ADDITO ATION	PER DETERM	ILLATION DECODD
	PAIFNI	APPI ILAHUM	FFF HFIFKW	MAIUN RECURD

Application or Docket Number	<b>Application</b>	or	Docket	Numbe
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Effective October 1, 2000 098 267-1(													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS 39							RAT	E	FEE	1	RATE	FEE	1
FOR NUMBER FILED NUMBER EX						ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00	
ТО	TAL CHARGEA	BLE CLAIMS	, 3,2 _min	us 20=	. 10	9	X\$ :	9=		OR	X\$18=	216,0	
IND	EPENDENT CL	AIMS	10 - mi	ทบร 3 =	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	-	X40	)=		OR	X80=		1
MULTIPLE DEPENDENT CLAIM PRESENT						+13				+270=	560.0		
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	TOT			OR OR	TOTAL	1100	
		LAIMS AS A					101	AL		OR	OTHER	LYXG.	100
		(Column 1)_		(Colu	mn 2)	(Column 3)	SMA	LL	ENTITY	OR	SMALL		j
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	.25	Minus	0/	>	-5	X\$ :	9=		OR	X\$18=		
AMENDMENT	Independent	- 10	Minus		> .	= )	X40	)=		OR	X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	 5=		OR	+270=		1
							TC	TAL			TOTAL		
		(Column·1)		(Colu	ımn <u>2)</u>	(Column 3)	ADDIT.	FEE	<del></del>	,	ADDIT. FEE	<b></b>	<b>1</b> ×
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIG NUM PREV	HEST MBER IOUSLY ) FOR	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WQ	Total		Minus	••		=	X\$	9=		OR	X\$18=		1
ME	Independent	•	Minus	***		=	X40	)=		OR	X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135											+270=		1
								) STAL		OR	TOTAL		┨╴
(Column 1) (Column 2) (Column 3)									1				
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY OFOR	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	••		=	X\$	9=		OR	X\$18=		
ME	Independent	•	Minus	•••		]=	X40	)=		OR	X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	5		1	+270=		1	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								1					
L	The "Highest Nur	nber Previously Pa	aid For (Total o	or indepen	dent) is th	e highest numb	er found in t	he ap	propriate bo	x in co	olumn 1.		